

Application Information

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Adele
Family Name::	Boskey
City of Residence::	North Caldwell
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	4 Winding Way
City of mailing address::	North Caldwell
State or Province of mailing address::	NJ

Postal or Zip Code of mailing address:: 07006-4043

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Helen
Family Name:: Tudor
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 136 East 56th Street, Apt. 11F
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10022

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/391,257	06/24/02